

DEPARTMENT OF THE NAVY OFFICE OF THE JUDGE ADVOCATE GENERAL 1322 PATTERSON AVENUE SE, SUITE 3000 WASHINGTON NAVY YARD DC 20374-5066

EXHIBIT 2

IN HEPLY HEPER TO.

5890 Ser RDR/RF/0166 December 30, 2014

Andrew U. D. Straw, Esq. 241A Brittany Drive Streamwood, IL 60107

Dear Mr. Bell: Straw

SUBJECT: FEDERAL TORT CLAIMS ACT CLAIM OF SANDRA K. ISAACS STRAW STEVENS, (DECEASED), BY ANDREW U.D. STRAW; OUR FILE NO.

This letter acknowledges receipt of your claim for the personal injuries and wrongful death of Sandra K. Isaacs Straw Stevens, allegedly caused by exposure to contaminated water at Marine Corps Base Camp Lejeune. The claim was received in this office on December 4, 2014. A date-stamped copy of the claim is enclosed for verification of receipt.

In order to properly adjudicate your client's administrative claim, the following information is requested pursuant to the Federal Tort Claims Act, 28 U.S.C. § 2671 et seq., and the Navy's implementing regulations, 28 C.F.R. § 14.4 and 32 C.F.R. § 750.27. Please answer all questions applicable to the claim.

- (1) Written proof, bearing your client's signature, authorizing your representation (e.g. fee agreement, power of attorney, court order, letter of representation, etc).
- (1) The location of the claimant's home at Camp Lejeune, and the period of time the claimant and their family lived on base.
- (2) The location or locations of the claimant's work at Camp Lejaune the nature of their duties, the identity of their employer(s), and the specific period(s) of time they worked on the base.
- (3) A copy of the claimant's military outpatient records, the cumulative record of all care provided by military treatment facilities (MTF). The original should be maintained at the MTF where the claimant last received medical care. If it has been more than three years since the claimant received medical care at an MTF, the record will be archived. You may request these records from the following addresses:

For service members discharged, deceased or retired on or before April 30, 1994:

National Personnel Records Center Military Personnel Records 9700 Page Avenue

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St. Louis, MO 63132-5100

For service members discharged, deceased or retired on or after May 1, 1994:

Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020

Please provide the Records Center with the name and location of the last MTF in which the claimant received medical care, the approximate date of the care, and the social security number of the military members in the family. You will also want to request all inpatient records related to any hospital admissions while the claimant was a military member or dependent. These records may be obtained by providing the Records Center with the location of the military facility in which they were an inpatient and the dates of admissions.

- (4) A copy of all inpatient medical records. If the claimant was admitted to a military hospital, you will need to provide the name and location of the facility in which the claimant received treatment and the dates of treatment.
- (5) A copy of all civilian medical records related to medical care the claimant received, both for treatment as an inpatient and outpatient.
- (6) Itemized bills for medical and hospital expenses incurred or itemized receipts of payment of such expenses.
- (7) Whether the claimant received any federal benefits as a result of your medical problems. The cost of any federal monies received may be considered in determining the extent of damages.
- (8) Any medical opinions stating a connection between each of the claimant's medical problems and the exposure to specific chemicals. The opinion should also set forth the nature and extent of the claimant's injury, the cause of the injury, the nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, and any diminished earning capacity.
- (9) A statement of expected expenses for any necessary future treatment.
- (10) Any other evidence or information that may have a bearing on either the responsibility of the United States for the claimant's illness or the damages claimed.

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Failure to provide the requested information may result in the denial of the claim. Please forward the information to me at the address listed above (Attn: Code 15).

If you have any questions concerning this letter, please contact me at the letterhead address or (202) 685-4600.

Sincerely,

R. D. RUSSELL

Head, Tort Claims Branch Claims and Tort Litigation

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Enclosures